

California Air Resources Board
Monthly Quality Control Maintenance Check Sheet
Model Teco 55 NMHC analyzer

Location: _____

Month/Year: _____

Station Number: _____

Technician: _____

Analyzer Property Number: _____ **S/N:** _____

Agency: _____

Date	Air Pressure	Fuel Pressure	Carrier Pressure	Carrier Gas Tank Pressure	Carrier Regulator P

Zero Air

Calibration

Date	Ch4	NMHC	Ch4	NMHC

Date	Source Ch4	Response Value	% Diff	Source NMHC	Response Value Ana	Response Value DL	% Diff

Filter Change Dates:

Condition Column Date: ____ / ____ / ____

Pump Maintenance: ____ / ____ / ____

Date	Comments or Maintenance Performed

Calibrated: ____ / ____ / ____

7-99 gj